

Case Number:	CM14-0068695		
Date Assigned:	07/14/2014	Date of Injury:	12/20/2011
Decision Date:	09/19/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/13/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 28-year-old male who reported an injury on 12/20/2011 due to a fall. On 03/05/2014, the injured worker presented with low back pain. Upon examination of the lumbar spine, there was tenderness throughout the lumbar paraspinals at the levels L4-S1. There was mild muscle spasms in the lower lumbar spine and a positive straight leg raise bilaterally. There was 5/5 strength in the hip flexors, extensors, quadriceps, hamstrings, anterior tibial, posterior tibial, peroneal, gastrocnemius and extensor hallucis longus muscles bilaterally. There was decreased sensation in the right L4 nerve distribution. The diagnoses were 4 mm disc herniation at L5-S1 with right lower extremity L4 sensory radiculopathy. Prior therapy, surgical history and diagnostic testing were not provided. The provider recommended an MRI of the lumbar spine, the provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI Lumbar Spine with out dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-lumbar and thoracic (acute and chronic) MRI (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: The request for MRI of the lumbar spine without dye is not medically necessary. The California MTUS/ACOEM Guidelines state that unequivocal examination findings identify specific nerve compromise on the neurological exam with sufficient evidence to warrant imaging in injured workers who do not respond to treatment. However, it is also stated that when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The included medical documents failed to show evidence of significant neurologic deficits on physical examination. Additionally, documentation failed to show that the injured worker has tried and failed an adequate course of conservative treatment. In the absence of documentation showing the failure of initially recommended conservative care, including active therapies and neurologic deficits on physical exam, MRI is not supported by the referenced guidelines. As such, the request is not medically necessary.